



# CAQH CORE Town Hall

September 13, 2022

# Agenda



**CAQH CORE Overview and Vision**



**Federal Update**



**Spotlight:** Advanced EOB Guidance, Attachments Pilot, & CORE Certification



**CAQH CORE Activities:** Value-based Payment, Health Care Claims, & EHR/PMS



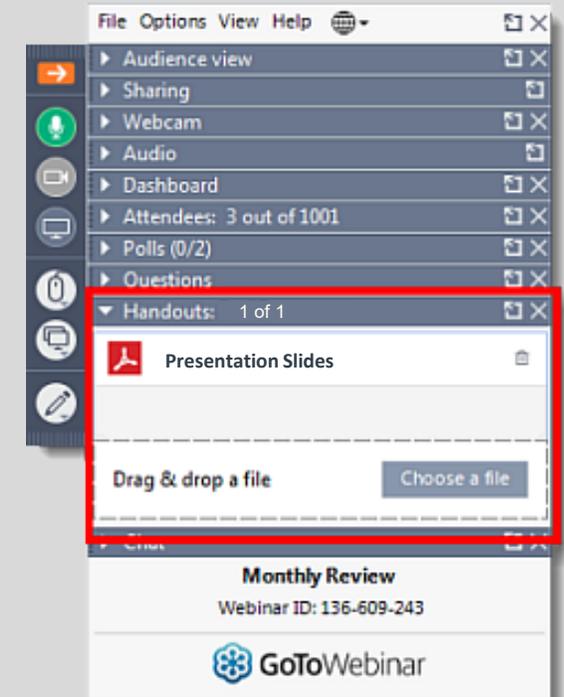
**Q&A**

# Logistics

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  - A copy of the slides and the webinar recording will also be emailed to all attendees and registrants in the next 1-2 business days.
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# CAQH CORE Overview and Vision

**Erin Weber**  
Vice President, CAQH CORE

# CAQH CORE Mission/Vision & Industry Role

Industry-led, CAQH CORE Participants include healthcare providers, health plans, vendors, government entities, associations and standard-setting organizations. Health plans participating in CAQH CORE represent **75 percent of the insured US population**.

## MISSION

Drive the creation and adoption of healthcare operating rules that **support standards, accelerate interoperability and align administrative and clinical activities** among providers, payers and consumers.

## VISION

An **industry-wide facilitator** of a trusted, simple and sustainable healthcare data exchange that evolves and aligns with market needs.

## DESIGNATION

CAQH CORE is the **national operating rule author to improve the efficiency, accuracy and effectiveness of industry-driven business transactions**. The Department of Health and Human Services (HHS) designated CAQH CORE as the author of national operating rules for the HIPAA-covered administrative transactions.

## INDUSTRY ROLE

**Develop business rules to help industry** effectively and efficiently use electronic standards while remaining technology- and standard-agnostic.

## CAQH CORE BOARD

**Multi-stakeholder.** Members include health plans, providers (some of which are appointed by associations such as the AHA, AMA, MGMA), vendors, and government entities. Advisors to the Board include SDOs (X12, HL7, NACHA, NCPDP) and WEDI.



# More than 100 CAQH CORE Participating Organizations

## Health Plans

- Aetna
- Ameritas Life Insurance Corp.
- AultCare
- Blue Cross and Blue Shield Association (BCBSA)
- Blue Cross Blue Shield of Michigan
- Blue Cross Blue Shield of North Carolina
- Blue Cross Blue Shield of Tennessee
- CareFirst BlueCross BlueShield
- Centene Corporation
- CIGNA
- Coventry Health Care
- Elevance Health
- Government Employees Health Association, Inc. (GEHA)
- Health Care Service Corp
- Highmark, Inc (Highmark Health)
- Health Net Inc. (Centene Corporation)
- Horizon Blue Cross Blue Shield of New Jersey
- Humana
- Medical Mutual of Ohio, Inc.
- Point32Health
- Security Health Plan of Wisconsin, Inc. (Marshfield Clinic)
- UnitedHealthGroup
- UnitedHealthcare

## Government

- Arizona Health Care Cost Containment System
- California Department of Health Care Services
- Centers for Medicare and Medicaid Services (CMS)
- Federal Reserve Bank of Atlanta
- Florida Agency for Health Care Administration
- Health Plan of San Joaquin
- Michigan Department of Community Health
- Minnesota Department of Health
- Minnesota Department of Human Services
- Missouri HealthNet Division
- North Dakota Medicaid
- Oregon Department of Human Services
- Oregon Health Authority
- Pennsylvania Department of Public Welfare
- TRICARE
- United States Department of Treasury Financial Management
- United States Department of Veterans Affairs

## Integrated Plan/Provider

- Highmark Health
- Kaiser Permanente
- Marshfield Clinic

## Providers

- American College of Physicians
- American Hospital Association (AHA)
- American Medical Association (AMA)
- Children's Healthcare of Atlanta Inc
- Cleveland Clinic
- Greater New York Hospital Association (GNYHA)
- Healthcare Financial Management Association
- Laboratory Corporation of America
- Mayo Clinic
- Medical Group Management Association (MGMA)
- Montefiore Medical Center
- New Mexico Cancer Center
- OhioHealth
- Ortho NorthEast (ONE)
- St. Joseph's Health
- Virginia Mason Medical Center

## Vendors & Clearinghouses

- AIM Specialty Health
- athenahealth
- Availity, LLC
- Aver
- Cedar Inc
- Cerner/Healthcare Data Exchange
- Change Healthcare
- ClaimMD
- Cognizant
- Conduent
- CSRA
- DXC Technology
- Edifecs
- Epic
- Experian
- Healthedge Software Inc
- HEALTHeNET
- HMS
- Infocrossing LLC
- InstaMed
- NantHealth
- NextGen Healthcare Information Systems, Inc.
- Olive AI
- OptumInsight
- PaySpan
- PNC Bank
- PriorAuthNow
- SS&C Health
- The SSI Group, Inc.
- TIBCO Software, Inc.
- TriZetto Corporation, A Cognizant Company
- Utah Health Information Network (UHIN)
- Virence Health (athenahealth)
- Wells Fargo

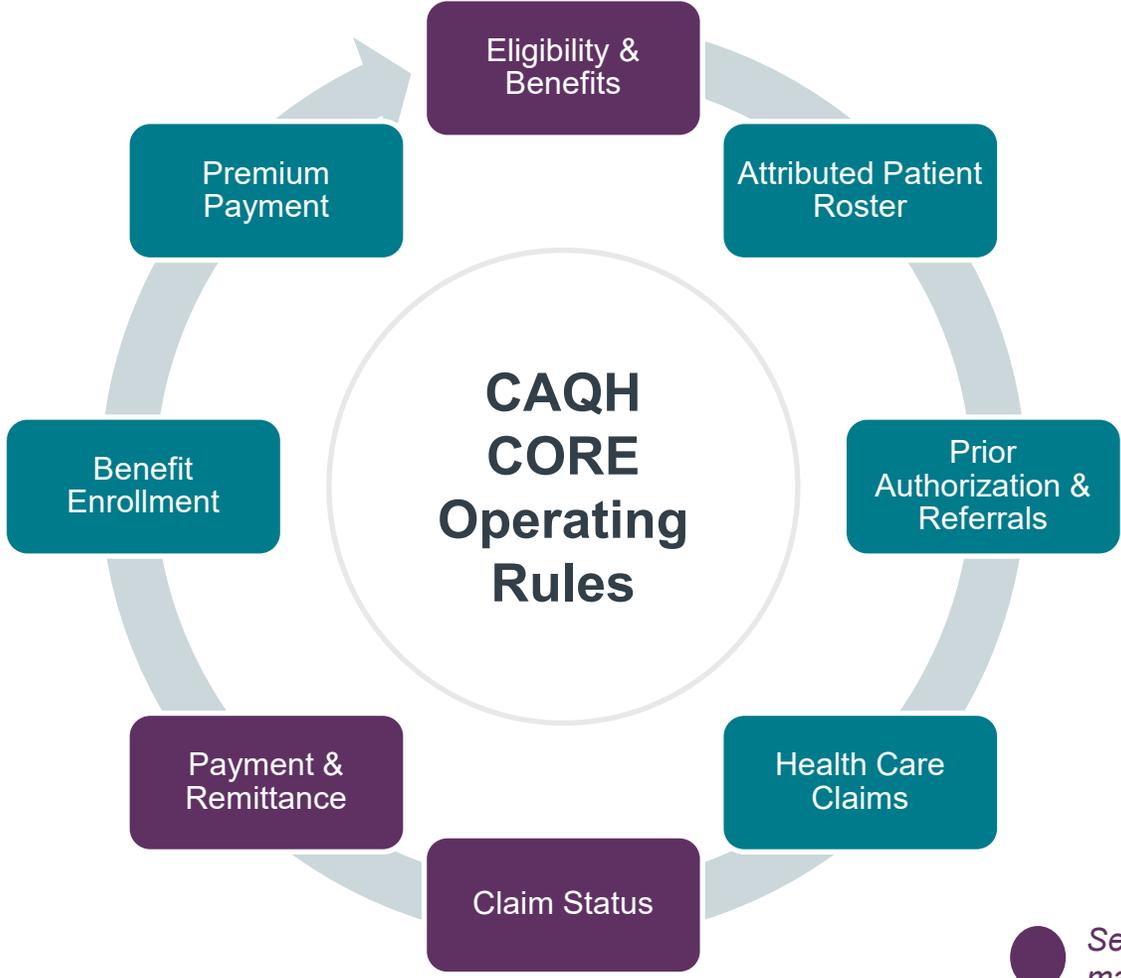
## Other

- Accenture
- ASC X12
- Cognosante
- Healthcare Business Management Association
- HL7
- Mettle Solutions
- NACHA The Electronic Payments Association
- NASW Risk Retention Group, Inc.
- National Association of Health Data Organizations (NAHDO)
- National Committee for Quality Assurance (NCQA)
- National Council for Prescription Drug Programs (NCPDP)
- New England HealthCare Exchange Network (NEHEN)
- Ohio Hospital Association
- Private Sector Technology Group
- Tata Consultancy Services Ltd
- Utilization Review Accreditation Commission
- WEDI

Commercial, Governmental, and Integrated Health Plans account for 75% of total American covered lives

# CAQH CORE Operating Rules Support Key Revenue Cycle Functions

Three Rule Sets Adopted Under HIPAA



● Set contains rules which are federally mandated.

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# Federal Update

**Erin Weber**  
Vice President, CAQH CORE

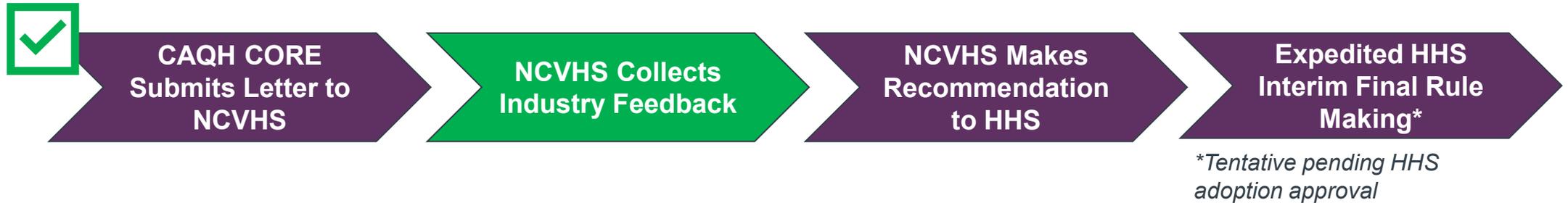
# Industry Activities at the Federal Level

## Industry activity relevant to CAQH CORE and Participating Organizations

<b>X12 letter to NCVHS</b>	<ul style="list-style-type: none"><li>• Recommends that <a href="#">HHS mandate most current version of X12 standards</a></li><li>• Phased approach for adoption, beginning with 835 &amp; 837 health care claims transactions</li></ul>
<b>Proposed Rulemaking</b>	<ul style="list-style-type: none"><li>• <a href="#">The attachments standards</a> proposed rule was received by OMB on 8/2/2022</li><li>• The <a href="#">interoperability and prior authorization proposed rule</a> is scheduled for release this fall</li></ul>
<b>No Surprises Act Implementation</b>	<ul style="list-style-type: none"><li>• The <a href="#">third final rule</a> implementing the NSA was issued on August 19, 2022</li><li>• The rule was released alongside new <a href="#">FAQs</a> to aid with implementation</li></ul>
<b>EFT/ERA FAQs</b>	<ul style="list-style-type: none"><li>• New <a href="#">FAQs for EFT/ERA</a> transactions have been released</li><li>• Updates address the use of <b>virtual credit cards, response requirements to 835, and provider affiliation</b></li></ul>
<b>Adopted Standards Taskforce</b>	<ul style="list-style-type: none"><li>• The <b>Adopted Standards Task Force</b> has been meeting to review <b>the currency of existing standards</b></li><li>• Out of 55 standards reviewed, <b>34 have been recommended to be phased out with replacement</b></li></ul>
<b>Comprehensive CMS RFI</b>	<ul style="list-style-type: none"><li>• <a href="#">Seeking public input across 4 domains</a>, including access, provider experience, equity, and COVID-19 PHE waivers</li><li>• Comments are due to CMS by <b>November 4, 2022</b></li></ul>
<b>Interoperability Standards Advisory (ISA)</b>	<ul style="list-style-type: none"><li>• <a href="#">The annual comment period for ISA is open</a>, helping ensure the most up-to-date standards are included in the ISA</li><li>• The deadline for submission is <b>September 30, 2022</b></li></ul>
<b>Uniform Data System Modernization</b>	<ul style="list-style-type: none"><li>• <a href="#">ONC and HRSA are leveraging USCDI+</a> to support the UDS Modernization Initiative</li><li>• The initiative seeks to reduce reporting burden, improve data quality and better measure program services and outcomes</li></ul>

# CAQH CORE Recommendations to NCVHS for Federal Mandate

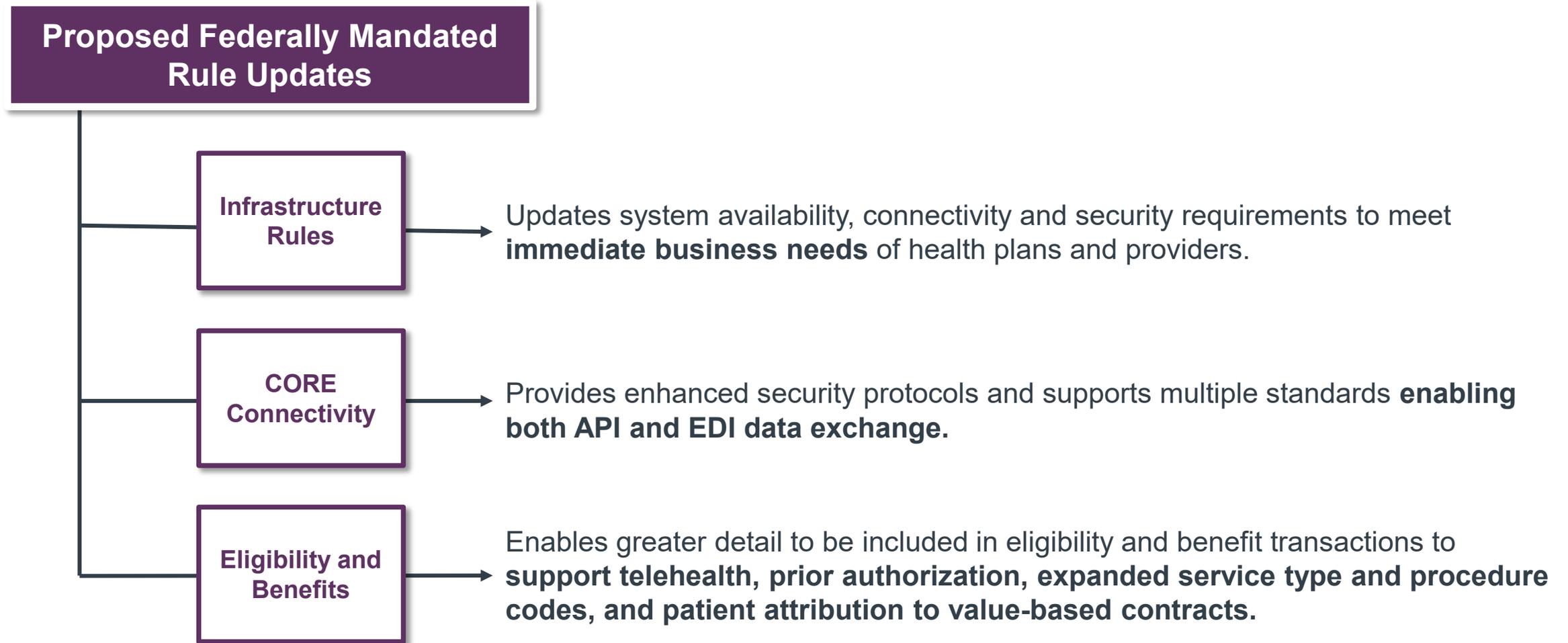
## Update



- The CAQH CORE Board has presented a rule package containing new and updated operating rules to NCVHS for consideration for federal mandate.
  - The 5/23/22 letter from the CORE Board to NCVHS can be found [here](#)
- NCVHS will host a listening session and request for public comment on proposed operating rules.
- NCVHS will finalize recommendations to HHS based on public feedback.

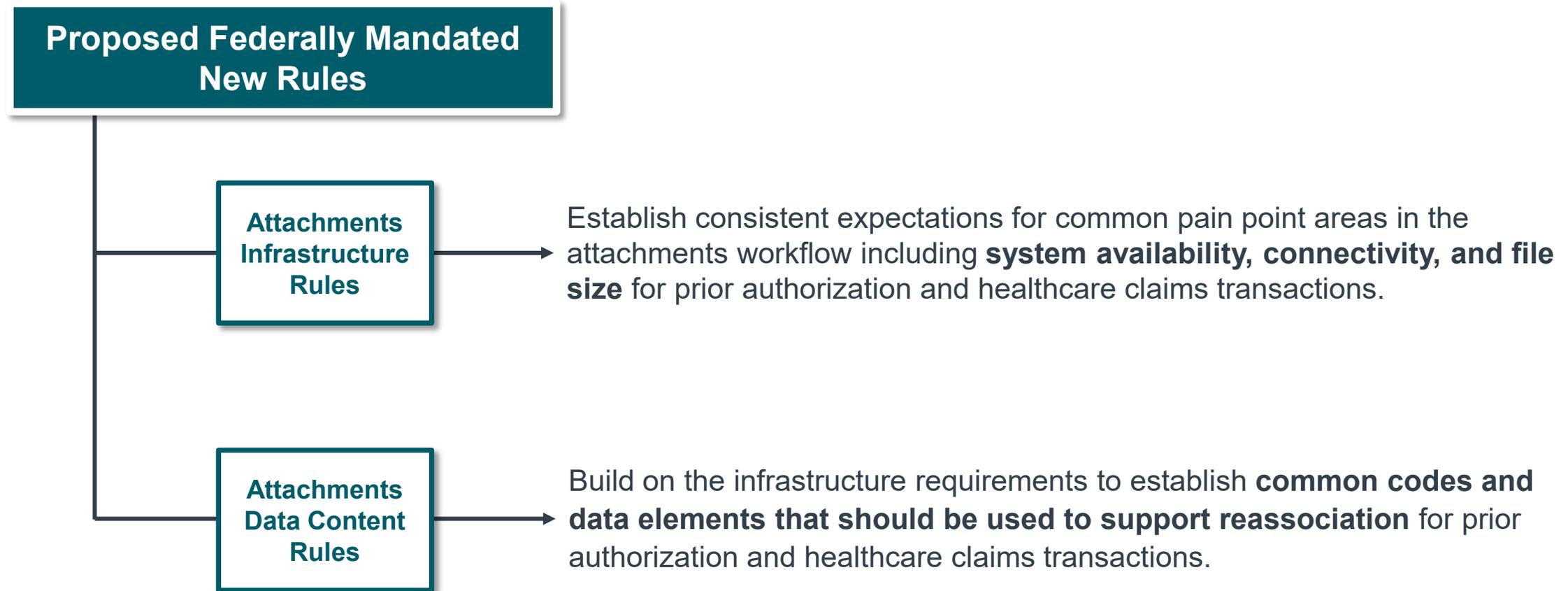
# Overview: Proposed Updates to Federally Mandated Operating Rules

*Aligning decade-old rulesets with industry best practices and immediate needs*



# Overview: New Attachments Operating Rules Proposed for Mandate

*Addressing key gaps not defined by the potential standards*



# Extensive Industry Work and Support Throughout Rule Development Process

## 1. Identification of Gaps

Environmental Scans, Industry Surveys, and Advisory Groups **prioritized capturing market needs.**

## 2. Industry Input

Representatives from **provider, health plan, vendor, association, and standards organizations** participated in rule development.

## 3. Measures of Support

The Operating Rules and associated certification suites received **unprecedented levels of support.**

## 4. Board Approval

The rules were **unanimously approved for adoption** by CAQH CORE Board.

# Proposed CAQH CORE Operating Rules Meet Emerging, Urgent Industry Needs

## The proposed CAQH CORE Operating Rules and associated certification suites:

- **Address unmet market needs expressed by the industry to support more efficient, predictable and uniform business processes.**
  - Update the outdated federally mandated Operating Rules to align with current and future business practices, advancing innovation and contributing to safe and effective patient care.
- **Facilitate the alignment of administrative and clinical activities in an environment where healthcare data exchange is evolving.**
  - Address needs for attachments automation across health care claims and prior authorization workflows.
- **Align standards and technologies that contribute to the consistent expectations for data exchange and close automation gaps, addressing changing business needs.**
  - Consider the role of standard-agnostic Operating Rules to support industry transition between current and emerging standards.

## Cost and Time Savings Examples: *Updated Eligibility and Benefits Operating Rule*



- Per the 2021 CAQH Index, the medical industry cost-savings opportunity per manual medical eligibility and benefit transaction was **\$15.09 in 2020, nearly double the manual cost in previous years**, largely due to an increase in telehealth.



- 62% of medical providers indicated they spent >1 hour reviewing attribution; 45% of this group reported spending >3 hours.
- 75% of responding providers who use the eligibility and benefits transaction to automate attribution checks indicated they spent **less than 1 hour exchanging attribution information.**

# Spotlight

- **Advanced EOB Guidance**
- Attachments Pilot
- CORE Certification

**Kaitlin Powers**  
Senior Associate, CAQH CORE

# Advanced EOB Focus Group on Regulatory Landscape & Industry Progress

*Inaugural Focus Group Convened on May 19<sup>th</sup>*

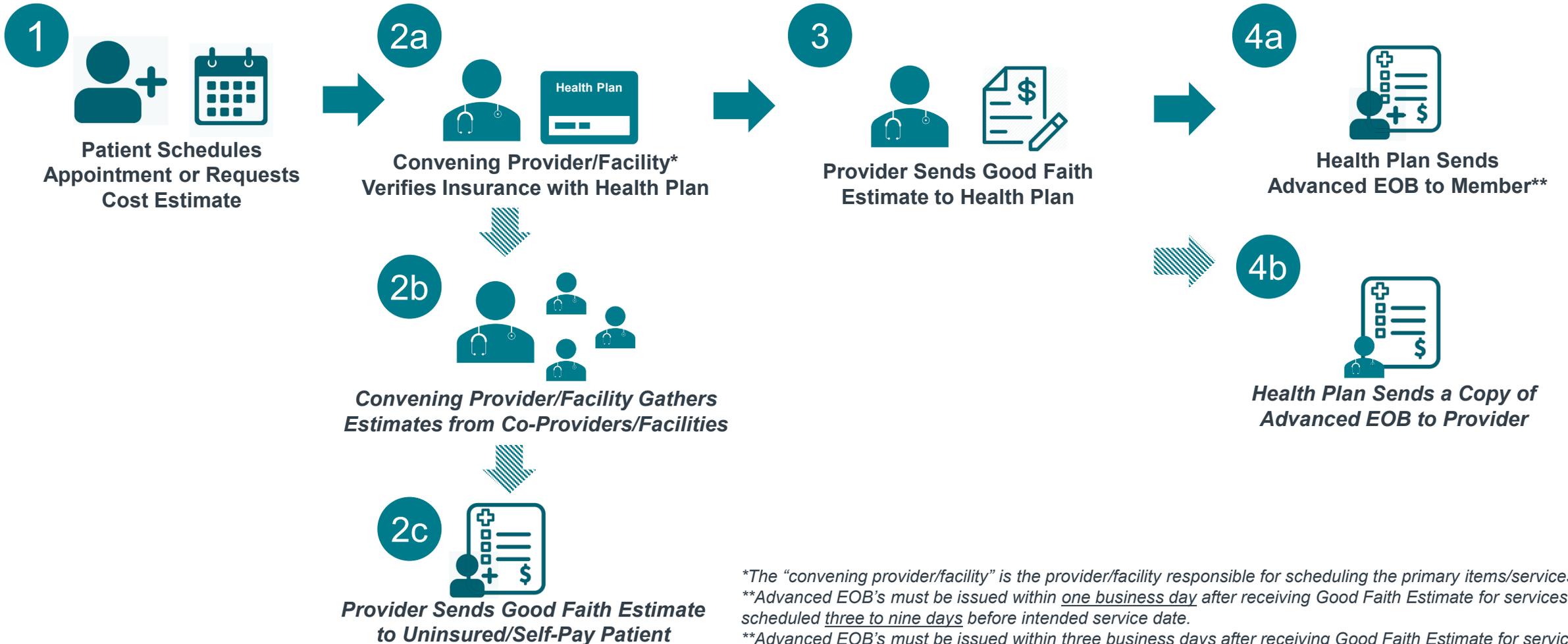
**Focus Group Vision:** Engage in industry discussions, assess use cases, evaluate opportunity areas, and consider pilot projects to drive the industry forward to support price transparency.

**Inaugural Focus Group Objective:** Understand industry status on approaches for implementing various components of the Good Faith Estimate (GFE) and Advanced Explanation of Benefits (AEOB) requirements included in the No Surprises Act (NSA) and identify opportunities where CAQH CORE can support implementation.

**Inaugural Focus Group Participation:** 56 Attendees (31 Organizations)

Stakeholder Type	Number of Organizations (% of total)
Government	1 (3%)
Provider/Provider Association	7 (23%)
Health Plan/Health Plan Association	9 (29%)
Vendors/Clearinghouse	9 (29%)
Other (includes Standards Development Organizations)	5 (16%)

# Good Faith Estimate and Advanced EOB Sample Workflow



\*The “convening provider/facility” is the provider/facility responsible for scheduling the primary items/services.  
\*\*Advanced EOB’s must be issued within one business day after receiving Good Faith Estimate for services scheduled three to nine days before intended service date.  
\*\*Advanced EOB’s must be issued within three business days after receiving Good Faith Estimate for services scheduled more than 10 days from intended service date.

# Regulatory Landscape and Industry Progress Focus Group Findings

## Implementation Timelines

**Providers (44%)** are further along in implementations of GFE/Advanced EOB requirements compared to health plans who are awaiting further regulatory guidance prior to starting implementation.



**44% of providers** surveyed indicated they would be ready to support the delivery of GFE within one year for uninsured or self-pay patients under a single convening provider scenario.



**77% of health plans** surveyed indicated they are awaiting further regulatory guidance prior to implementing and supporting delivery of Advanced EOBs to members.

# Regulatory Landscape and Industry Progress Focus Group Findings

## *Implementation Timelines*

### Anticipated timeline for implementing and supporting the delivery of Advanced EOBs to providers *(Health Plans/Vendors)*



**67% of health plans** are awaiting further guidance on delivering Advanced EOBs to providers prior to implementation.



**22% of health plans** chose 'Other' when asked about anticipated timeline, indicating that some may not be planning on implementing this step at all.

Note: The No Surprises Act does not currently require delivery of Advanced EOBs to providers/facilities, but providers have indicated it will be essential to a successful process.

# Regulatory Landscape and Industry Progress Focus Group Findings

## Exchange Formats



**51% of participants** surveyed indicated that their organization was considering use of standard-based approaches to facilitate GFE exchanges.



**36% of participants** indicated their organization was considering use of non-standard-based methods.

- Industry is largely considering use of the X12 837 P/I Pre-Determination and draft HL7 Da Vinci Patient Cost Transparency (PCT) Implementation Guide as the primary exchange formats to support the exchange and processing of GFEs.
- Most organizations are considering implementing both methods concurrently.
- However, there is still a significant portion of the industry evaluating the use of non-standardized formats such as GFE Templates sent via Web Portals and other proprietary methods.

### Upcoming Webinar: Provider & Vendor Perspectives on Current Implementation Approaches for Supporting the Good Faith Estimate Requirements of the No Surprises Act

– October 2022: Date To Be Announced

- CAQH CORE will continue to assess challenges, identify opportunity areas, and brainstorm solutions related to the No Surprises Act requirements.
- Industry Initiatives
  - **X12** is working to reduce the potential administrative burden of implementing requirements by adjusting X12 transactions.
  - **WEDI No Surprises Act Task Group** is educating the industry and identifying areas to develop guidance as well as collaborating with existing WEDI committees, subworkgroups, and external groups on developing products.
  - **HL7 Price Cost Transparency (PCT) Work Group** is developing a FHIR-based Implementation Guide to support components of the No Surprises Act.
- Additional guidance on implementation of the requirements from CMS is expected.

# Spotlight

- Advanced EOB Guidance
- **Attachments Pilot**
- CORE Certification

**Taha Anjarwalla**  
Associate Director, CAQH CORE

# CAQH CORE Attachment Pilot Initiative

## Vision, Goals, Participation Options

### Vision

Partner with industry organizations to measure the impact of new CAQH CORE Attachment Operating Rules and corresponding standards on organizations' efficiency metrics.

### Goals



**Align existing and test new operating rules** that support greater automation of an end-to-end claim and/or prior authorization workflow.



Identify opportunities to **refine existing rules and prioritize new rules** to continue to close critical automation gaps.



**Ensure that operating rules support industry organizations** in varying stages of maturity along the standards (existing and emerging: X12, HL7 FHIR, etc.) and technology adoption curve.



Quantify impact to support potential rule recommendations for **national implementation** to NCVHS and HHS.

### Participation Options



Work with CAQH CORE subject matter and measurement experts to:

**Option 1.** Track and articulate the impact of an *existing* attachment automation project within your organization.

**Option 2.** Track and articulate the impact of a *new* implementation of attachment operating rules and standards.

# Pilot Participant Roles & Expectations

## Participant Expectations:

- **Appoint** a project executive sponsor and primary point of contact.
- **Participate** in 1-2 initial interviews (approx. 2-3 hours total) to understand current state of the claim and/or prior authorization attachment process.
- **Provide a list of measures** that your organization tracks today. If needed, implement refined/additional measures.
- **Participate in check-in calls** to document observations, troubleshoot as needed, etc.

## CAQH CORE Support:

- Assistance with **identifying pilot partners**.
- **Review** of technical specifications to understand where operating rules and standards are currently integrated (or may be developed) into the solution.
- **Guidance** on areas where additional standardization via operating rule requirements would be beneficial.
- **Development of a measurement approach**, including guidance on the most efficient and effective measurement method.
- **Data analysis** and articulation of key findings.

# Example Measures to Establish Baseline & Track Impact

CAQH CORE works with pilot organizations to assess data availability and align with organization's existing measures. This approach minimizes collection/measurement development burden. The measures here are examples only.

## I. Example Firmographic Measures

- a. Claim attachment volumes (could be per week, per month, etc.)
- b. # of staff working on claim attachment requests
- c. Salaries of staff working on claim attachment requests

## II. Example Change Measures

- a. Staff time spent on claim attachments requests (could be per week, month, etc.)
- b. Time spent on phone due to pended request (some sort of manual intervention measure)
- c. Error rate
- d. Faxes for additional documentation
- e. Real-time approvals vs. pends
- f. Time to final determination

## III. Example Measures of Success

- a. Time saved (and therefore, cost avoidance)
- b. Projected annual savings (based on time/cost for defined tasks)
- c. Reduced time to patient care/treatment or claim payment

# Spotlight

- Advanced EOB Guidance
- Attachments Pilot
- **CORE Certification**

**Taha Anjarwalla**  
Associate Director, CAQH CORE

# CAQH CORE Certification Impacts 7 in 10 Insured Lives

## Health Plans

- Aetna
- Alabama Medicaid Agency
- Alameda Alliance for Health
- Alaska Department of Health and Social Services
- All Savers Insurance
- American Postal Workers Union Health Plan
- Anthem
- Anthem Colorado
- Anthem Connecticut
- Anthem Indiana
- Anthem Kentucky
- Anthem Maine
- Anthem Nevada
- Anthem New Hampshire
- Anthem Ohio
- Anthem Virginia
- AultCare
- AvMed Health Plans
- Blue Cross of California
- Blue Cross Blue Shield of Georgia
- Blue Cross Blue Shield of Missouri
- Blue Cross Blue Shield of Nebraska
- Blue Cross Blue Shield of North Carolina
- BlueCross BlueShield of Tennessee
- Blue Cross Blue Shield of Wisconsin
- Boston Medical Center Health Plan
- CalOptima
- Centene Corporation
- Cigna

- ConnectiCare
- Contra Costa Health Plan
- County of Riverside – Exclusive Care
- DAKOTACARE
- Delta Dental of California
- Delta Dental of Delaware
- Delta Dental District of Columbia
- Delta Dental Insurance Company
- Delta Dental of New York
- Delta Dental of Pennsylvania
- Delta Dental of Puerto Rico
- Delta Dental of West Virginia
- Dentegra
- EmblemHealth
- Empire Blue Cross Blue Shield
- Excellus Health Plan
- First Medical Health Plan
- Florida Division of Medicaid
- Georgia Department of Community Health
- Gold Coast Health Plan
- Golden Rule Insurance Company
- Government Employees Health Association
- Health Plan of San Joaquin
- Health Plan of San Mateo
- Health Net
- Healthplex
- Horizon Blue Cross Blue Shield of New Jersey
- Humana
- Inland Empire Health Plan
- Kaiser Permanente Colorado
- Kaiser Permanente Washington

- MaineCare
- Medical Card System
- Medical Mutual of Ohio
- MVP Health Care
- National Association of Letter Carriers Health Benefit Plan
- Nebraska Medicaid
- New Hampshire Medicaid
- North Dakota Department of Human Services
- Oklahoma Office of Management and Enterprise Services: Employees Group Insurance Division
- Partnership Health Plan
- Physicians Health Plan
- Point32Health
- PrimeWestHealth
- Priority Health
- Providence Health Plan
- Rocky Mountain Health Plans
- Sanford Health Plan
- San Francisco Health Plan
- Santa Clara Family Health Plan
- Security Health Plan
- SummaCare
- Sutter Health Plus
- Texas Medicaid
- Trillium Community Health Plan
- Triple-S Salud BlueCross BlueShield of Puerto Rico
- UnitedHealthcare Life Insurance Company
- UnitedHealthGroup
- University of Pittsburgh Medical Center

## Clearinghouses/Vendors

- Ability
- AdminisTEP, LLC
- Alight Solutions, LLC
- assertus
- Athenahealth
- Automated HealthCare Solutions
- Availity, LLC
- Avizzor Health Solutions
- Capario
- Cerner/Healthcare Data Exchange
- Change Healthcare
- Claim.MD
- ClaimRemedi
- Conduent EDI Solutions
- CSC
- CVS Health
- Data Dimensions
- Datavi
- Dorado Systems
- ECHO Health, Inc.
- EIXSYS
- Eldorado, Inc.
- Elegibill
- Eligible
- eMEDIX
- EmergingHealth
- eProvider Solutions
- eServices Group Inc
- Experian Health
- FrontRunnerHC
- GE Healthcare
- Gi4
- GMG Management Consulting, Inc.
- Healthcare IP
- HEALTHeLink
- HeW
- HealthFusion
- HealthTrio
- HIPAAsuite
- HMS

- ikaSystems
- Immediata Health Group Corp.
- InstaMed
- Intellisight Technology, Inc.
- Loxogon
- MD On-Line, Inc.
- Medical Informatics Engineering
- Medical Present Value, Inc.
- MEDITECH
- NAViNet
- Navicure
- Office Ally
- Optum
- OptumInsight
- Pay Span
- PNT Data
- PokitDok
- Practice Insight
- RealMed Corporation
- Retrace
- Smart Data Solutions
- SS&C Health
- Surescripts
- TransUnion Healthcare, LLC
- The SSI Group, Inc
- TriZetto Provider Solutions
- UHIN
- National Electronic Attachment, Inc.
- NextGen Healthcare
- NoMoreClipboard.com
- NNT DATA Services. LLC
- Orbograph
- Phreesia
- PNS
- Recondo Technology
- Tallan
- Ventanex
- XIFIN
- Waystar
- Zelis Payments

CORE-certified health plans account for **70% American covered lives.**

CORE-certified vendors impact **nearly half of American providers.**

# CORE Certification



CORE Certification program was developed **by industry, for industry** by CAQH CORE Participating Organizations including health plans, providers, vendors, government agencies and associations.



CORE Certification program allows organizations to **certify on specific transactions** related to their products or solutions.



Many health plans **require** their vendors to be CORE-certified prior to contracting.



**Recertification** enables ongoing conformance when rule requirements are updated over time to align with market needs.

403

certifications have been awarded.

CLAIM•MD



IEHP  
A Public Entity  
Inland Empire Health Plan



athenahealth  
VYNE  
DENTAL



NEXTGEN  
HEALTHCARE



PaySpan®



BlueCross BlueShield  
of North Carolina

# Certification Key Program Updates

- Since May, CORE has awarded 13 Certifications/Recertifications to seven organizations:



- **Intellisight Technology:** Health Care Claims, Prior Authorization & Referrals



- **Alabama Medicaid Agency:** Eligibility & Benefits, Claim Status, Payment & Remittance
- **Assertus:** Eligibility & Benefits, Claim Status
- **Sutter Health Plans:** Eligibility & Benefits, Claim Status, Payment & Remittance
- **HMS:** Eligibility & Benefits
- **Kaiser Permanente of Colorado:** Eligibility & Benefits, Claim Status

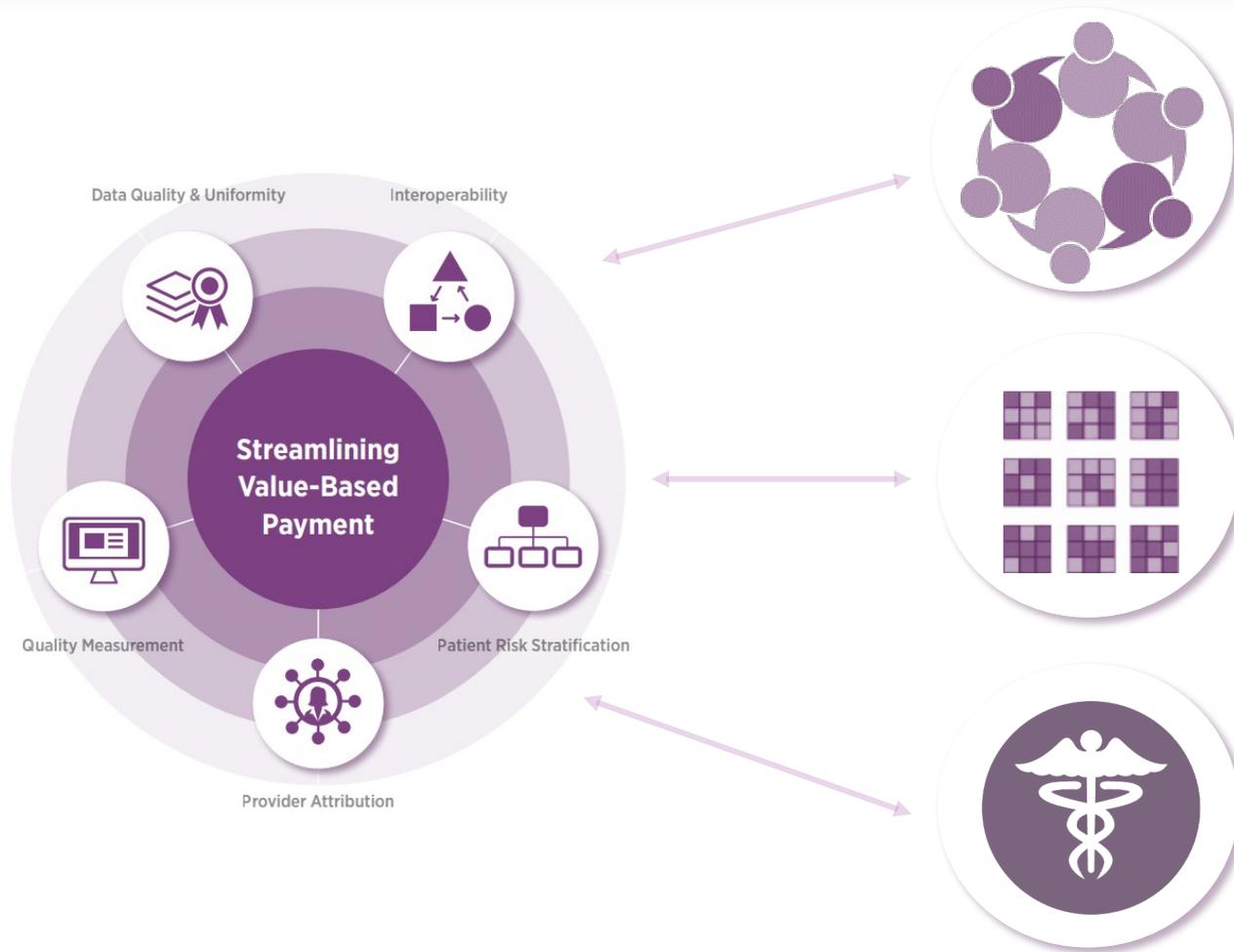
- CAQH CORE is currently working with third-party testing vendor to update CORE Certification testing platform to support the newest operating rules and updates.

# CAQH CORE Activities

- **Value-based Payment**
- Health Care Claims
- EHR/PMS

**Mike Phillips**  
Manager, CAQH CORE

# Barriers to Involvement in Value-Based Payment Initiatives have Evolved



**Health Equity by Design in VBP:** Value-based contracts are recognized for their potential role in promoting equitable healthcare. Models have begun incorporating methodologies to identify, act upon and mitigate harmful social influences that lead to poor or inequitable outcomes.

**Program Complexity and Administration:** Value-based payment models have always been complicated to administer. As models mature to meet new priorities and deliver on their potential, participants are encountering challenges related to infrastructure investments, network development and contracting – among others!

**Value-based Drug Pricing:** Value or outcomes-based drug pricing is seen as a popular way to encounter rising prescription drug costs in the U.S. Recent regulatory changes may stimulate implementation of these contracts. Obstacles around complexity and quality measure will challenge this field, as well.

CAQH CORE is continually evaluating industry solutions that **promote automation** or justify the creation of new **Operating Rules** to support VBP models

# Advancing Adoption of Value-Based Payment Initiatives

**CAQH CORE is committed to simplifying industry transition from a Fee-for-Service structure to Value-based Payment initiatives.**

## **Comprehensive VBP Environmental Scan (Live!)**

- Using detailed research and expert stakeholder interviews, we are seeking to validate the relevance of the [five opportunity areas](#) and document how they have evolved.
- Additionally, we are cataloguing the impact of emerging issues on the design and implementation of VBP, like the incorporation of SDOH.
- These activities will inform the future of industry leadership and guidance from CAQH CORE in the VBP space.

## **Intersection of Healthcare Claims and VBP (Live!)**

- As part of a broader initiative investigating what areas of healthcare claims administration can benefit from the amendment of existing or creation of new CAQH CORE Operating Rules, we are exploring how healthcare claims processes interact and affect value-based contracts.
- This work will identify barriers and their solutions that could benefit from direct influence by CAQH CORE.

## **Impact of Automating CPT II Codes (Q4 2022)**

- CPT II codes play an important role in quality and performance measurement in health plan administration and value-based contracts.
- CAQH CORE is partnering with vendors and provider partners to demonstrate the positive impact that automating CPT II collection has on reducing administratively burdensome activities, such as chart reviews.
- This pilot will measure the value of automation and produce actionable industry guidance.

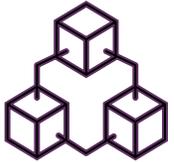
CAQH CORE is **actively evaluating other pilot project opportunities** in 2022 that will disseminate and promote the role of automation in healthcare.

# CAQH CORE Activities

- Value-based Payment
- **Health Care Claims**
- EHR/PMS

**Mike Phillips**  
Manager, CAQH CORE

# Health Care Claims Are Adapting to Emerging Industry Needs



## Background

- **There are seven CAQH CORE Operating Rules that address the health care claims workflow.** Together they address, submission, status inquiry, exchange of attachments, and payment and remittance.
- **Evolving context for health care claims.** New technologies, standards, and payment innovations are disrupting the healthcare landscape, changing the context for and role of health care claims.
- **Identifying and addressing top priorities.** Research efforts are underway to understand current industry needs. The results of these initiatives will inform the development of future operating rules.



## Process

- **Initiate research-driven environmental scan.** Outline opportunity areas using trusted resources (e.g., industry journals) and industry interviews.
- **Validate findings and approach.** Convene a focus group to confirm findings and solidify focus for CAQH CORE Operating Rule development.
- **Synthesize information and disseminate.** Release industry guidance and recommended next steps in advance of launching a Health Care Claims Subgroup in early 2023.

# Key Areas of Focus for Health Care Claims

*Identified by CAQH CORE Participating Organizations*

**CAQH CORE Participating Organizations recommended these health care claims topics for further research and evaluation:**

**Telehealth**

**Value-  
based  
Payments**

**Patient  
Data  
Sharing**

**X12-to-  
FHIR**

**277CA**

*X12 Recommendation to NCVHS to adopt v8020 for 835 & 837 transactions*

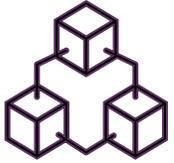
# CAQH CORE Activities

- Value-based Payment
- Health Care Claims
- **EHR/PMS**

**Marianna Singh**  
Senior Associate, CAQH CORE

# Electronic Health Record/Practice Management System (EHR/PMS)

## Environmental Scan



### Background:

- Traditionally, health care systems have used disparate systems for their daily functions from managing patient records, collection of patient demographics, and supporting revenue cycles for either administrative or clinical needs. The fragmentation of information has often impacted various points across business and clinical processes, therefore delaying treatment and care to patients.



### Vision:

- The initiative will work to identify areas of opportunity within clinical and administrative workflows that could benefit from integration of EHR and PMS systems with the goal of reducing existing workflow burdens.



### Process:

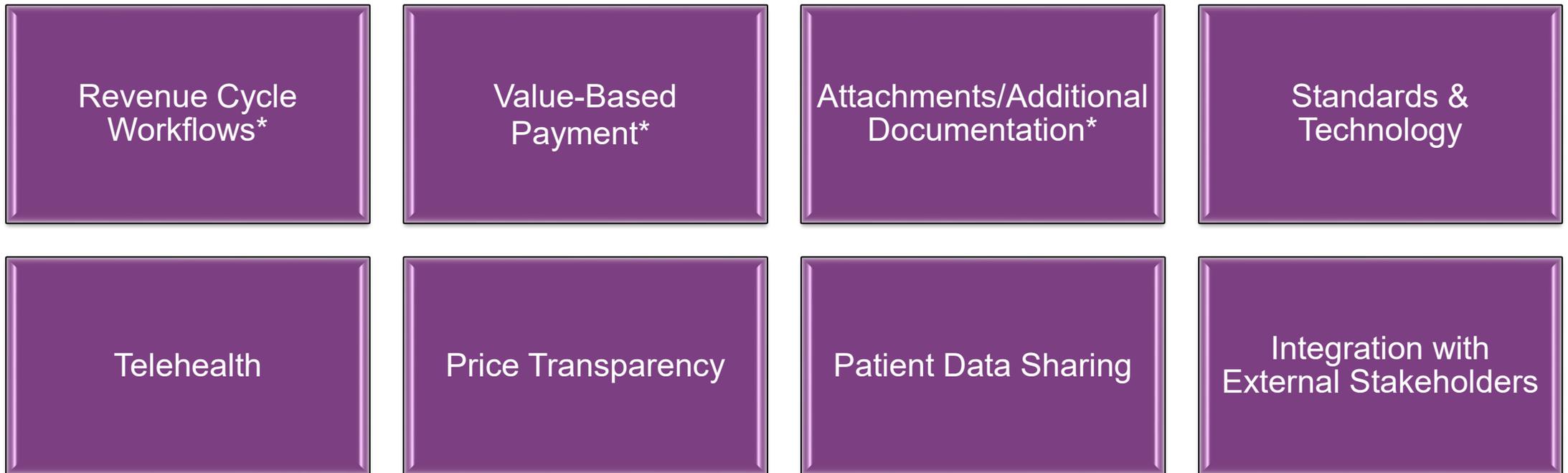
- Utilizing an Environmental Scan approach, CAQH CORE will explore benefits and barriers to improved integration and will aim to identify opportunities for industry to align on common interoperability frameworks.

***Please note: Any entity may participate; interviews and engagement will continue through rolling basis.***

# Electronic Health Record/Practice Management System (EHR/PMS)

## Environmental Scan Topic Areas

**CAQH CORE is looking for industry guidance to identify areas of opportunity within clinical and administrative workflows that could benefit from standardized integration of EHR and PMS systems across the following topics within the patient care continuum.**



\*Indicates topics with existing CAQH CORE Operating Rules

# Polling Question

**CAQH CORE is continuing to engage the healthcare industry via research and environmental scanning on several topic areas that are critical to reducing administrative and clinical burden.**

**Please identify which of the following topic areas your organization would be interested in participating in:**

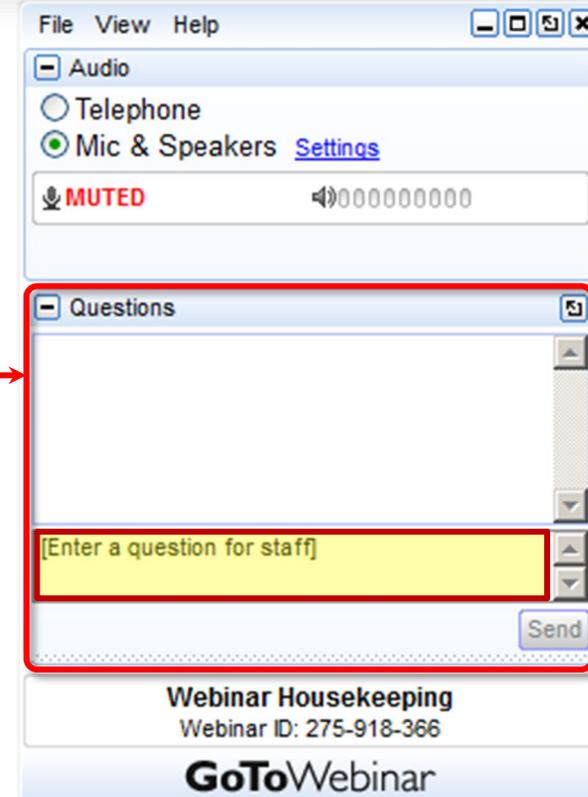
- Electronic Health Record/Practice Management System Integration – Environmental Scan
- Value Based Payment – Environmental Scan
- Health Care Claims Data Content – Opportunity Area Research
- Attachments – Pilot & Measurement Study

# Audience Q&A

**Please submit your questions**

Enter your question into the “Questions” pane in the lower right hand corner of your screen.

**You can also submit questions at any time to [CORE@caqh.org](mailto:CORE@caqh.org)**

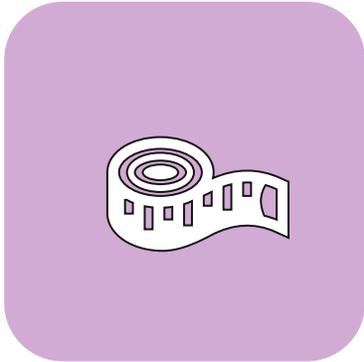


**Download a copy of today’s presentation slides at [caqh.org/core/events](https://caqh.org/core/events)**

- Navigate to the Resources section for today’s event to find a PDF version of today’s presentation slides.
- The slides and webinar recording will be emailed to all attendees and registrants in the next 1-2 business days.

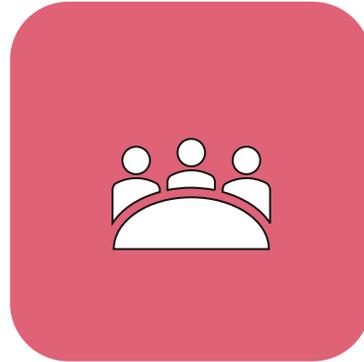
# Call to Action

*Become Involved in Streamlining Healthcare Administration*



## **Participate in Ongoing Pilot/ROI Assessment:**

CAQH CORE continues to work with industry partners to measure the impact of current and potential future operating rules and corresponding standards on organizations' efficiency metrics.



## **Engage with us as a CAQH CORE Participant:**

Collaborate with decision makers that comprise 75% of the industry to drive creation of operating rules and accelerate interoperability.



## **Become CORE Certified:**

Demonstrate conformance and commitment to streamlining administrative data exchange.

# Thank you for joining us!



Website: [www.CAQH.org/CORE](http://www.CAQH.org/CORE)

Email: [CORE@CAQH.org](mailto:CORE@CAQH.org)

## **The CAQH CORE Mission**

Drive the creation and adoption of healthcare operating rules that support standards, accelerate interoperability and align administrative and clinical activities among providers, payers and consumers.